

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
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NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	н.	808/536-7557	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808/599-4340	
(City)	(State)	(2	(Zip Code)	
HONOLULU	н	96	96813-2453	
EMPLOYING ORGANIZATION (F	) TELEPHONE			
			808/536-7557	
RADCLIFFE & ASSOCIATES, L				
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808/599-4340	
(City)	(State)	» (Z	Zip Code)	
HONOLULU	DLULU HI 96813-2453		6813-2453	

PART II ORGANIZATIOI	١		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 808-535-6800	
HAWAII ACCOUNTANTS COALI	TION		
MAILING ADDRESS (Street)		FAX 808-535-6801	
1001 BISHOP STREET		:	
(City)	(State)	(Zip Code)	
HONOLULU	н	96813	
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-536-7557	
MELODY BUTAY DACANAY			
MAILING ADDRESS (Street)		FAX 808-599-4340	
222 SOUTH VINEYARD STREE	T. SUITE 401		

(City)	(State)	(Zip Code)	
HONOLULU	н	96813-2453	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
TART III BEGORIFTION	OF SOBSECTS OF ON WHICH	H TOO EXPECT TO LOBB!			
[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development		
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations,	[ ] Tourism & Recreation		
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation		
[ ] Culture, Arts, Historic Preservation	[ ] Health	[ ] Planning, Land & Water Use Management	[ ] Other: (indicate below)		
[ ] Ecology, Energy Environmental Protection	[ ] Housing	[ ] Public Safety & Corrections	•		
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PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that th	e information furnished above	is, to the best of my knowledge	correct and complete.		
<b>*</b>	(Signature of Loby yest)	Jum	(Date)		
<u> </u>	(Signature of Eddbyst)		(Date)		
PART V AUTHORIZATI	ON TO LOBBY	70.60			
NAME	0.1.10 2000.	TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED		
LARRY RODRIGUEZ	CHAIRMAN HAWAII ACCOUNTANTS COALITION				
NAME OF ORGANIZATION (if a	pplicable)	TE	ELEPHONE 808-535-6800		
HAWAII ACCOUNTANTS COALITION					
MAILING ADDRESS (Street)		AX 808-535-6801			
1001 BISHOP STREET					
(City)	(State) (Zip Code)		(e)		
HONOLULU	HI 96813				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
1/31/05					
(Signature of Authorizing Officer or Person Represented) (Date)					